1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-506 - Northwest Minnesota CoC

CoC Lead Organization Name: Beltrami Area Service Collaborative

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	Northwest Minnesota CoC
Indicate the frequency of group meetings:	Monthly or more
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	72%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Because this is a rural CoC with fewer providers than other regions, decision making and planning occur at the monthly NW MN CoC meetings and all stakeholders are invited to attend. The CoC Coordinator leads the decision-making process and communicates the outcome. Organizations determine who will represent them either by assigning staff or requesting a volunteer. Subcommittee chairpersons invite their members to the CoC monthly meetings and are responsible for reporting on their respective group's work. To encourage attendance, the CoC coordinator sends notice of meetings to a wide list of private and public entities. Monthly meetings are rotated to various locations, which equalizes the travel burden in this geographically vast region.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. If the additional administrative funds were made available without a reduction of pro rata need and the funds were adequate to meet the required duties, the CoC would be interested in such a structure. Northwest Minnesota (NW MN) CoC is currently coordinated by a local county collaborative office with experience in subcontracting and monitoring performance for a wide variety of state and federal grants. If HUD were to lay out specific requirements and provide adequate funding for coordination, the CoC could further enhance local planning and offer additional technical assistance to programs.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
10-Year Plan Coordination Group	Each member of this group represents a different geographical area of the region. Leadership rotates every two years. Their role is to monitor progress toward reaching the approved NW MN CoC 10-Year Plan goals and to initiate cooperation and collaboration where greater progress is needed. They report to the full CoC monthly and other regional and state entities regularly. They solicit feedback on potential revisions that may be needed in the 10-Year Plan Action Steps, taking those potential revisions to the full CoC on an annual basis for discussion and a possible vote. Finally, they provide feedback on the CoC's Exhibit 1, with a special focus on the long- and short-range planning goals including discharge planning.	Monthly or more
CoC Executive Committee	Elected by the CoC, the Executive Committee facilitates rating and review of projects. They review project performance, providing technical assistance directly or by referring the program to a network of resources if needed. They lead CoC members in identifying short and long-term goals and finding adequate funding to meet those goals. As new funding opportunities arise, they notify providers and offer technical assistance for potential new projects. They distribute monthly to the CoC an updated "Projects in the Pipeline" report, which includes information about all programs developing projects for future HUD funding consideration. Finally, they coordinate Exhibit 1 completion, HMIS data quality checks, and Point-in-Time counts.	Monthly or more
Family Homeless Prevention and Assistance Advisory Groups (FHPAP)	Three FHPAP Advisory Groups cover all counties in the NW MN region and focus on: homeless prevention strategies, identifying and addressing needs of homeless populations, collaborating to rapidly re-house families and individuals, coordinating services, leveraging funding, monitoring progress on homelessness reduction, reducing barriers, and meeting 10-Year Plan goals. Because their vital work encompasses the entire region and they have wide stakeholder participation, they are key players in CoC-wide planning. They help organize and carry out the Point-in-Time counts, including enumerator training and data collection. They also provide input on 10-Year Plan coordination and Exhibit 1. They report their progress at monthly CoC meetings.	Bi-monthly

DHS Supportive Services Partners Group	Agencies in this group receive MN Dept. of Human Services (MN DHS) funding for supportive services that has allowed the CoC to increase its housing emphasis in the HUD SuperNOFA application. At quarterly meetings, they coordinate and monitor the use of these funds, which are vital to the success of the region's homeless programs. They assist with Exhibit 1 short and long-term planning and report to the full CoC about the level and effectiveness of supportive service delivery in the region, sharing best practices and methods of overcoming barriers. They seek to improve access to mainstream services. The chairperson of this group also sits on the 10-Year Plan Coordination Group as a valuable resource on the region's supportive services.	Quarterly
Regional Housing Advisory Group (RHAG)	This group includes NW Minnesota developers; builders; state, tribal and regional government entities; funders, and nonprofit directors. They address regional homeless and housing development issues and seek to maximize state, local and federal dollars to meet specific local housing needs. They also discuss reducing regulatory barriers throughout the region and assist the CoC with this section of Exhibit 1. RHAG meets quarterly just prior to a monthly CoC meeting.	Quarterly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Department of Human Services	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Substance Ab...
Minnesota Department of Employment and Economic...	Public Sector	State g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Minnesota Housing Finance Agency	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Red Lake County Social Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
White Earth Reservation Tribal Council	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Beltrami County Health and Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Headwaters Regional Development Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Northwest Regional Development Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Beltrami Area Service Collaborative	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Pennington County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
City of Bemidji	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
HRA of Bemidji	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Red Lake Reservation Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Seriously Me...
Crookston Housing and Economic Development Auth...	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tri-County Parole and Probations	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth
MAHUBE Community Council	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, HIV/AIDS
Northwest Community Action	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	Veterans, Se...

Tri-Valley Opportunity Council	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
Bi-County Community Action Programs, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, Serio...
Ours to Serve House of Hospitality	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Violence Intervention Project	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Center of Human Environment	Private Sector	Non-pro...	Primary Decision Making Group	Seriously Me...
Evergreen Community Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Red Lake Homeless Shelter	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Northwestern Mental Health Center	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Se...
Headwaters Intervention Center, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Wilder Research	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Care and Share, Inc.	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, HI...
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, HI...
Minnesota Housing Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Northwest Minnesota Foundation	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Accomplishments, LLC	Private Sector	Businesses	Primary Decision Making Group	NONE
Polk County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans, Se...
D.S.	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Wendy Thompson, Consultant	Private Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE

Northwoods Coalition for Family Safety	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Northwest Minnesota Legal Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Beltrami County Board of Commissioners	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Rural Minnesota CEP	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	Veteran s, Su...
U.S.D.A.-- Rural Development	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
St. Philips Social Justice Committee	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Beltrami County Veterans Services	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
People's Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Leech Lake Band of Ojibwe/Tribal Referral Divis...	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s, Su...
Hubbard County HRA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Seriousl y Me...
Hubbard County Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth, Veteran s
Mahnomen County Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth, Domes.. .
Human Achievement and Performance Academy	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Domes.. .
Hubbard County Veterans Services	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Mahnomen Public School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Naytahwaush Community School	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Park Rapids Public School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Hubbard County Board of Commissioners	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Mahnomen County Board of Commissioners	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Inter-County Community Council	Private Sector	Non-pro.. .	Primary Decision Making Group, Lead agency for 10-year pl...	Seriousl y Me...
Marshall County Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth, Domes.. .

Norman County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans, Su...
Minnesota National Guard	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
Northwest Minnesota Multi-County HRA: Mentor, MN	Public Sector	Public ...	Committee/Sub-committee/Work Group	Seriously Me...
Crookston Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
T.M.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Clear Waters Life Center	Private Sector	Faith-b...	Primary Decision Making Group	Youth, Subst...
D.W. Jones Management	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Northwest Service Cooperative Adult Basic Educa...	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth, Domes...
R.H.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Federal Emergency Management Agency	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Lutheran Social Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, HI...
Crookston Teen Parenting	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Minnesota Assistance Council for Veterans	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans
Region II Kinship Caregivers	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Options	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, HIV/AIDS

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Increase of 2 beds overall in 2009. Reasons: 1. "Floating" beds or units can be filled with either families or individuals. Such flexibility is important for rural providers and clients, but causes some shifts in bed counts. 2. One domestic violence shelter is now providing only Transitional Housing, but another domestic violence shelter added beds, nearly offsetting the loss.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Not applicable

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Decrease of 1 bed overall in 2009. Reason: "Floating" beds or units can be filled with either families or individuals. Such flexibility is important for rural providers and clients, but causes some shifts in bed counts.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Increase of 237 PSH beds. Reasons: 1. State funding received by two agencies created PSH beds for individuals and families. 2. Two units that were used for individuals last year housed families this year, another case where "floating" beds shifted the count a bit.
Chronic Beds: Increase of 9 PSH beds for chronic homeless (CH). While 25 CH beds were added in 2009 through a state-funded program, 16 CH beds from one facility were removed from the inventory this year. Although that facility houses chronic homeless clients, their beds are not technically designated as such. This program needs flexibility to best serve their target population.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/23/2009

Attachment Details

Document Description: Housing Inventory Chart MN-506

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms
Specify "other" data types:	

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Each housing provider was surveyed about unmet need for each housing type for a given point in time. Survey instructions were sent to all. They completed the survey tool by referring to their data from HMIS, their state-funded supportive services grant, their local unsheltered count, their waiting lists, housing inventory, and bed utilization. Data was compiled and shared in a report to the full NW MN CoC. A stakeholder/provider discussion led to some minor changes that were agreed upon the members.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	07/09/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inability to integrate data from providers with legacy data systems, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

Not applicable

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

Many organizations and funding sources are facing cutbacks in Minnesota, making it an extremely difficult time to secure additional resources. NW MN CoC is requesting project funding for HMIS in this application. The CoC continues to encourage participation of non-mandated providers by emphasizing the importance of their participation in obtaining HUD homeless assistance funds for our region. At a provider level, CoC members are partnering to achieve a higher rate of HMIS participation. For example, clients who receive housing assistance from 1 small agency that has not participated in HMIS now receive supportive services from another agency that is entering HMIS data on those "shared" clients. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into HMIS, including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Amherst H. Wilder Foundation
Street Address 1	451 Lexington Parkway N
Street Address 2	
City	St. Paul
State	Minnesota
Zip Code **Format: xxxxx or xxxxx-xxxx**	55104
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Craig
Middle Name/Initial	D
Last Name	Helmstetter
Suffix	
Telephone Number: (Format: 123-456-7890)	651-280-2700
Extension	
Fax Number: (Format: 123-456-7890)	651-280-3700
E-mail Address:	cdh@wilder.org
Confirm E-mail Address:	cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not Applicable

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	23%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	4%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	12%
* Name	0%	3%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Quarterly
How frequently does the CoC review the quality of program level data?	Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders follow up with agencies whose reports show poor data quality. The CoC has implemented monthly data quality checks for agencies to run and share results with the CoC coordinator. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Finally, over the past year Wilder has begun using a "bed utilization tool" designed by Abt Associates to help find inaccurate data entry and has worked with agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

*** Unique user name and password**	**Annually**
*** Secure location for equipment**	Annually
*** Locking screen savers**	Annually
*** Virus protection with auto update**	Annually
*** Individual or network firewalls**	Annually
*** Restrictions on access to HMIS via public forums**	Annually
*** Compliance with HMIS Policy and Procedures manual**	Annually
*** Validation of off-site storage of HMIS data**	Never

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Quarterly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	02/01/2005
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Semi-annually
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	11	37	6	54
Number of Persons (adults and children)	35	127	12	174

Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	34	28	24	86
Number of Persons (adults and unaccompanied youth)	35	28	24	87

All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	45	65	30	140
Total Persons	70	155	36	261

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	28	13	41
*** Severely Mentally Ill**	26		26
*** Chronic Substance Abuse**	41		41
*** Veterans**	6		6
*** Persons with HIV/AIDS**	1		1
*** Victims of Domestic Violence**	31		31
*** Unaccompanied Youth (under 18)**	14		14

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count?	Annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers:	100%
Transitional housing providers:	100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The CoC updated its list of housing providers. Written instructions and a survey form were distributed to all housing providers via email. A training on survey completion was held during the CoC meeting and all agencies were reminded about the importance of accuracy. The CoC contacted all agencies by telephone to clarify instructions, clarify definitions, and assist with survey completion. Those who did not complete the survey were promptly contacted again by the CoC so that 100% participation could be achieved. An HMIS report on the sheltered population for the Point-In-Time date was reviewed by the CoC. A final point-in-time sheltered report segmented by agency and program was distributed to all providers for review and approval.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

For the most part, the sheltered population was relatively stable. Funding from a state supportive services grant and new state-funded Permanent Housing beds have been helpful in keeping these figures stable in an extremely difficult economy.
A complete summary is listed below.

Households WITH Children
Emergency shelter # Households decreased by 5
Persons decreased by 3
Transitional Housing # Households decreased by 1
Persons increased by 18

Households WITHOUT Children
Emergency Shelter # Households increased by 6
Persons increased by 7
Transitional Housing # Households increased by 4
Persons increased by 4

Households with children in Transitional Housing decreased by 1 household, but the number of persons increased by 18. This is simply a reflection of larger families being housed. It can be particularly challenging to find suitable, affordable permanent housing for large families in our region.

The small increase in the number of households and persons without children in Transitional Housing can be attributed an increase in capacity for one program that serves unaccompanied youth.

The small increase in Households without children in Emergency Shelters could be attributed to better outreach to youth and young adults, as the youth Emergency Shelter was nearly full on this date.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

During the sheltered point-in-time count, agencies reported subpopulation data on their survey. They consulted HMIS and client records to gather their data. The CoC provided assistance to any agency that had questions. All agencies submitted sheltered sub-population data, which was compiled in a CoC report and reviewed by all respondents.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Chronic Homeless - Same
Severely Mentally Ill - Increased by 2
Chronic Substance Abuse - Increased by 18
Veterans - Decreased by 7
HIV/AIDS - Increased by 1
Domestic Violence - Decreased by 4
Unaccompanied Youth - Increased by 5

The chronically homeless population was kept stable even in these difficult economic times. New state-funded housing vouchers helped the CoC move this subpopulation into PSH. Improved networking between the county housing locator and a program providing chronic Shelter Plus Care beds was also a factor.

The increase in the Chronic Substance Abuse subpopulation comes at a time of great economic distress. Homeless clients are experiencing intense hopelessness that leads to increased substance abuse. A fair portion of this substance abuse increase was in the young adult population. Many of these young people lack a high school degree, making their employment prospects dismal. This intensifies their hopelessness and leads to substance abuse.

The increase in sheltered Unaccompanied Youth is due to the outreach efforts and increased capacity of a youth-serving program.

The decrease in Veterans is likely due to agencies linking them to helpful resources designated for their use, including Veterans Affairs Supportive Housing (VASH), Minnesota Assistance Council for Veterans (MAC-V) and County Veterans Service Officers.

Other changes were minimal and, according to local agencies, were likely due to the variability of any 24-hour period.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

Elements of the survey protocol helped avoid duplication.
1. The CoC limited the count to one 24-hour period.
2. Only housing providers collected data for the sheltered count. All housing providers were involved.
3. Housing Providers were trained and reminded to report on ONLY the clients that stayed in their beds overnight on January 28, 2009.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	
Service-based count:	
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The CoC divided the region geographically, assigning a lead person to each area. The lead persons developed the survey tool and recruited and trained individuals (enumerators) to conduct the count. The enumerators (homeless housing providers, service providers, law enforcement, veterans services, school homeless liaisons, churches, county social service case workers) were given specific instructions to identify who they were counting by noting distinct characteristics or initials of the clients. The lead persons compiled the data and reviewed the enumerator notes to ensure that duplication did not occur within their area. The CoC coordinator compiled the data from lead persons and checked for possible duplication across the region.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Outreach Efforts:
- New seasonal ES beds added at local churches. This program is networked with other local homeless resources for referrals.
- Recruited school homeless liaisons to be on CoC subcommittees. Liaisons refer unsheltered families.
- Law enforcement provided motel vouchers and referred unsheltered families to homeless programs.
- New Street Outreach Drop-In Center linked young adults with children to ES or motel vouchers while trying to locate TH or PH.
- Posted information about homeless services at laundromats, medical clinics, emergency rooms, public transit, etc.
- Set up displays about homeless services at community events
- Shared information with churches, schools, food shelves, mental health centers and others who may serve these families
- Updated provider information for the 211 Information and Referral system
- Visited known locations with hygiene items to engage and encourage homeless families to access services

2009 Steps toward Addressing Unmet Needs:
-Added 214 state-funded PSH beds for families
-Identified a need for additional funding. Seven agencies applied for and received HPRP funding. A portion of those funds will be used to assist families with re-housing, case management, rental/deposit assistance, utility assistance, outreach and engagement, housing search and placement, and legal and credit repair services
-An emergency shelter is in development that will add family beds in Beltrami County.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

- New Street Outreach Drop-In Center located in a very accessible location. Provides safety, food, computer access, warmth, and a connection to services/housing for homeless youth.
- Full-time Street Outreach workers and case managers routinely go to known locations with hygiene items to engage the homeless and offer other assistance.
- Inform and engage law enforcement officers, encouraging them to refer unsheltered homeless to services or to notify agencies of unsheltered homeless persons.
- Connect with ministerial associations, who refer unsheltered homeless persons to services.
- Staff make contact with unsheltered homeless at soup kitchens and food pantries.
- Homeless service information is publicized in other locations where the unsheltered might go for warmth (libraries, laundromats, etc.)
- Public awareness efforts, speaking engagements to inform community members about available services.
- Networking regularly with school homeless liaisons to identify and refer unsheltered homeless families.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

Households WITH Children
Households increased by 3 (from 3 to 6 total)
People in households increased by 4 (from 8 to 12)

Households WITHOUT Children
Households increased by 1 (from 23 to 24)
People in households increased by 1 (from 23 to 24)

Overall, the unsheltered count increased by 5 people. High unemployment, underemployment and a high foreclosure rate, combined with a severe shortage of affordable rental housing put many people at risk for homelessness. The increase in unsheltered households could have been even higher were it not for new state-funded Permanent Housing beds and National Foreclosure Mitigation Counseling.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

1. Using funding awarded in the 2008 HUD application, the Bi-CAP Supportive Housing Director will bring 3 new PSH beds for the chronically homeless into operation.

2. The Center of Human Environment (CHE) is applying for 2 new chronic homeless beds in this 2009 application. If funded, the CHE Executive Director will begin development of these beds in 2010.

3. The CoC Coordinator will provide all NW MN homeless housing and service agencies with information about chronic bed funding opportunities and the need for chronic bed development. This information will be shared via e-mail and at CoC and CoC subcommittee meetings.

4. The CoC Coordinator will solicit all area agencies at meetings and via e-mail for potential CH bed projects to be submitted for consideration in the 2010 NW MN CoC SuperNOFA process. Potential projects are added to a Project Pipeline document that is reviewed monthly by the CoC.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

1. The CoC Coordinator will lead the full CoC in an annual assessment of how many new CH beds are needed and where the need is greatest in this vast region. This will include an evaluation of point-in-time data, HMIS data, bed utilization, and provider expertise.

2. The CoC coordinator will lead an ongoing effort to provide agencies with information about chronic bed funding opportunities and the need for chronic bed development.

3. The CoC coordinator will add organizations interested in developing a project with CH designated beds to the Project Pipeline document that is reviewed at monthly CoC meetings. The coordinator will link these agencies with CoC providers with CH bed experience for development assistance.

4. Adding CH beds is a goal in the NW MN 10-Year Plan and the state Con Plan; therefore, the 10-Year-Plan Working Group Chairperson will monitor the rate of CH bed development with the Working Group and report progress to the CoC and state and community leaders.

How many permanent housing beds do you currently have in place for chronically homeless persons?	31
How many permanent housing beds do you plan to create in the next 12-months?	34
How many permanent housing beds do you plan to create in the next 5-years?	41
How many permanent housing beds do you plan to create in the next 10-years?	45

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

1. All PH clients will receive case/care management, including development and monitoring of an individual treatment plan with specific goals to increase self-sufficiency, stability, and independence for individuals and families. Lead: CoC Executive Committee Chair

2. All PH clients will receive services to match their needs: psychological and medical services; crisis prevention and intervention assistance; landlord mediation; transportation; employment and job skills services; budget management; living skills; parent education; interpersonal relationships; wellness; compliance with HUD requirements; and energy efficiency education. Lead: CoC Executive Committee Chair

3. PH provider staff will attend SSI/SSDI Outreach Assessment and Recovery (SOAR) trainings to learn how to maximize client income. Lead: CoC Coordinator

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1. State-funded supportive service grant partners will lead a quarterly discussion of best practices and lessons learned through their extensive work with overcoming client barriers to stabilizing housing. Lead: Coordinator, Supportive Services Grant

2. Continued participation in SOAR trainings to maximize client income and housing stability. Lead: CoC Executive Committee Chair

3. NW MN CoC will review APRs as soon as received, work with agencies to identify challenges and barriers, and provide a network of targeted support to help agencies overcome these barriers. Lead: CoC Coordinator

4. Programs challenged by this objective will be referred to the newly formed Greater MN Stewardship Council for technical assistance. Lead: CoC Coordinator

What percentage of homeless persons in permanent housing have remained for at least six months?	76
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	77
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	79
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	82

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

This objective is based on outcomes of 1-3 clients in 1 domestic violence TH program, Violence Intervention Project (VIP).

1. All TH clients will receive advocacy, case management, mainstream service eligibility assessment, and supportive services based on individual assessments. Supportive services include: locating permanent housing; addressing physical and mental health; and training in life skills, budget management, parenting, interpersonal relationships, job seeking and job skills. Lead: VIP Exec. Director

2. Inter-County Community Council (ICCC) is applying for new PSH funding in this application. If funded, ICCC will work with VIP to move TH clients into the new beds. These 2 agencies have a strong working relationship. Lead: ICCC Family Service Dir.

3. The CoC will review APRs and other performance measures, work with TH programs to assess program and client barriers and provide targeted support to overcome those barriers. Lead: CoC Coordinator

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1. Create new PSH and TH beds. Several CoC member agencies are developing a 20-unit project for homeless families and individuals called Conifer Avenue. Sixteen of the supportive housing units will be PSH and 3 units will be TH (1 caretaker unit). The addition of these units greatly increases the permanent housing options for TH clients in our region. Bi-CAP is applying for funding for Conifer Avenue TH units in this HUD application. If funded, Bi-CAP's strong past performance will help the CoC meet or exceed this objective. Lead: Bi-CAP Supportive Housing Director

2. Increase referrals and networking among CoC providers by encouraging continued high attendance at CoC monthly meetings and subcommittee meetings. Partnering is an essential tool for rural providers; this CoC will use its strong agency-to-agency relationships to remove barriers to PH. Lead: CoC Chairperson

What percentage of homeless persons in transitional housing have moved to permanent housing?	100
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	66
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	68
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

1. All CoC homeless assistance providers will refer clients to Adult Basic Education, American Indian Opportunities Industrialization Center and workforce centers. Providers will collaborate and follow up with these agencies after referral. They will work with workforce centers to tap into stimulus funding that can assist clients seeking employment and job skills training. Lead: Bi-CAP Supportive Housing Director

2. Clients will receive case management to assess and address employment barriers such as transportation, mental and physical health issues, interpersonal relationship skills, lack of job skills, need for job-seeking assistance, lack of child care. Lead: VIP Exec. Director

Note: In recent years, the CoC is noting a trend toward serving clients with increasingly higher barriers to employment. The CoC employment goal set for 2010 takes that into account as well as the difficult employment climate in the NW MN region.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1. Advocate for private and public entities (with CoC as a partner) to create a plan and obtain funding to address significant transportation barriers as identified in the CoC's 10-Year Plan. Transportation barriers greatly hinder employment, education, and skills training in the region. Lead: CoC 10-Year Plan Group Chair

2. Strengthen the connection between the homeless providers and GED programs, work force centers, and job skills training providers through networking and presentations at CoC meetings and sub-committee meetings. Lead: CoC Executive Committee Chair

3. Partner with area public school homeless liaisons to address unmet needs of homeless children so that parents can seek and stabilize employment. Lead: FHPAP Sub-Committee Chair

What percentage of persons are employed at program exit?	36
In 12-months, what percentage of persons will be employed at program exit?	20
In 5-years, what percentage of persons will be employed at program exit?	22
In 10-years, what percentage of persons will be employed at program exit?	24

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

1. Use funds secured through 2008 HUD application to develop 2 PSH family units. Lead: Bi-CAP Supp. Housing Dir.

2. Use secured state funding to provide intensive case management and support services to homeless families in all NW MN counties. Hold quarterly subcommittee meetings to assess outcome data, spending and best practices. Monitor data to measure success in helping families find and maintain PH. Lead: Support Services Grant Coordinator

3. Use HPRP funds to help families throughout NW MN achieve housing stability with such supports as rental, deposit and utilities assistance; case management and others. Lead: CoC Exec. Committee Chair

4. Use National Foreclosure Mitigation funds to help families avoid foreclosure. Lead: CoC Exec. Committee Chair

5. Use TANF stimulus dollars for emergency assistance to prevent families from becoming homeless. Lead: FHPAP Chair

6. Link families to PH using the services of the county housing locator. Lead: Bi-CAP Supp. Housing Dir.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

1. Development of the Conifer Avenue project, which will include TH and PSH housing for 12 or more families with children. Lead: Bi-CAP Supportive Housing Director

2. A new emergency shelter for families with children is in development that would increase ES bed capacity. They will partner with other agencies and offer case management, supportive services and a link to PSH options with the goal of rapid re-housing. Lead: House of Hospitality Executive Director

3. Hold Project Homeless Connect as an annual outreach event. Lead: CoC 10-Year Plan Chair

4. Seek funding for a Supportive Housing project that will serve homeless young adults with children, a population that is increasing in our region. Lead: Evergreen Community Services Executive Director

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	54
In 12-months, what will be the total number of homeless households with children?	53
In 5-years, what will be the total number of homeless households with children?	50
In 10-years, what will be the total number of homeless households with children?	48

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

In NW Minnesota, foster care discharge policies bring together several stakeholders. The foster child receives guidance to identify significant support people--adults in their life who could assist them with the upcoming transition--who then gather with county social workers, youth-serving programs, and other professionals to plan for this transition. A Healthy Transitions state grant provides funding for establishing the best housing option and for services that will help the client sustain housing and increase income such as life skills training, education planning, and job seeking assistance. All NW Minnesota counties receive Support for Emancipation and Living Functionally (SELF) funding to forward the discharge planning goals. State legislation recently passed in Minnesota that is very specific about discharge plan requirements for foster care. The legislation allows for extended stays in foster care when deemed necessary. The CoC follows the HUD policy prohibiting discharge from foster care into McKinney-Vento funded beds.

Health Care:

Health care facilities in the region have "care teams" who carry out the established discharge policies. These care teams are made up of social workers who begin the discharge planning when the patient is admitted. They partner with the patient and any significant family members or friends to establish that appropriate housing will be available when the patient is released. CoC agencies provide some guidance to care teams on local affordable housing options and supply transportation funding if the patient is in need. Some patients are placed in transitional "swing beds" located in smaller community facilities for respite until they are ready to be transported to appropriate housing. For some patients, a halfway house is deemed the appropriate option. The CoC follows the HUD policy prohibiting discharge from health care facilities into McKinney-Vento funded beds.

Mental Health:

Mental health facilities in the region follow the policy that discharge planning should begin at intake. Outpatient mental health providers have established strong relationships with inpatient facilities so that when a client is admitted, the mental health provider is notified and can partner in the discharge planning. A county housing locator is available to identify housing options. A Crisis Housing Fund is tapped into for utility and rent payments to sustain the housing a client had before admission. SPMI-assisted living facilities such as Northwest Apartments and Sprucewoods are two examples of the housing options for this population. A state-funded program called Bridges provides rental subsidies for SPMI clients until a "regular" subsidy can be secured. Mental Health Initiative programs oversee the referral and monitoring of services and housing for Bridges. The CoC follows the HUD policy prohibiting discharge from mental health facilities into McKinney-Vento funded beds.

Corrections:

County corrections staff take several steps to increase the likelihood that, upon release, an inmate will be able to secure and maintain housing. Prior to discharge, they link inmates to mainstream services, Adult Basic Education, and work force centers for employment and job skills training. If appropriate for a given case, family reunification efforts are made or housing is secured at a halfway house or SPMI assisted living facility. Tri-County Corrections was awarded a federal grant that covers Transitions Services for incarcerated youth ages 16-21 with their integration back into the community. The CoC follows the HUD policy prohibiting discharge from correctional facilities into McKinney-Vento funded beds.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	-Funding will be provided from the State of Minnesota to address the emergency shelter and transitional housing needs of homeless persons, including operating costs and supportive service costs. -MN Transitional Housing funds will assist homeless participants in obtaining and maintaining permanent housing. -Chronically homeless persons in MN's Transitional Housing Program will work with a case manager to develop a permanent housing plan and will be assisted by the case manager to attain and maintain permanent housing in the most independent setting possible. They will receive ongoing services and a referral to permanent supportive housing. -Minnesota's statewide 10-Year business plan goals are integrated within the Consolidated Plan and include a goal to provide Permanent Supportive Housing to an additional 4,000 homeless households in Minnesota.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The MN Department of Human Services (MN DHS) received HPRP funding to be awarded to the "balance of state" through a formal RFP, application, and review process. Before the RFP was released, the NW MN CoC coordinator was solicited for input from the full CoC regarding how HPRP funds could best be used, taking into account the CoC's strategies for homeless prevention and ending homelessness. That input was forwarded to MN DHS. The NW MN CoC reviewed all HPRP applications from this region to evaluate whether the applicants were filling identified unmet needs in a cost-effective manner using best practices for our rural region. Comments were submitted to the MN DHS review team. Going forward, MN DHS and the CoC will work closely to meet HPRP objectives. A MN DHS representative attends NW MN CoC monthly meetings and two CoC subcommittee meetings. The CoC has added HPRP coordination as a standing agenda item.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The NW MN CoC region did not receive VASH funding; however, the CoC will ensure that providers are aware that they can refer clients to the Central MN or West Central MN CoCs where VASH funding is available.

CDBG funds granted by Minnesota's Department of Employment and Economic Development (DEED) went to small cities in our region for infrastructure. A representative of DEED will share information about this funding with the CoC as a member of a CoC subcommittee. Homeless service providers serving those cities are active in the CoC and well-networked with the affordable housing stakeholders in their communities.

Native American Housing Assistance and Self-Determination Act funds were awarded to 3 tribes in our region. They will primarily be used for housing rehabilitation and construction. Tribal homeless housing/service providers serve on the CoC's subcommittees and the full CoC, where coordination topics will be addressed.

The region did not receive NSP funding.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	24	**Beds**	31	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	65	**%**	76	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	50	**%**	100	**%**
Increase percentage of homeless persons employed at exit to at least 19%	20	**%**	36	**%**
Decrease the number of homeless households with children.	52	**Households**	54	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Objective 5: The CoC narrowly missed Objective 5 by just 2 households. One challenge that may have affected this outcome was a shortage of affordable rental housing. While our region normally struggles with a rental housing shortage, that problem has been exacerbated in the last year by an influx of workers from across the nation relocated here to build an oil pipeline that transects several of our NW MN CoC counties. Even with this affordable rental housing shortage, the CoC decreased the number of homeless families by 5% from the 2008 Point-in-Time count, largely due to effective use of state-funded supportive services and new PH beds for homeless families.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	45	18
2008	39	22
2009	41	31

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 25

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations			$120,400		
Total	$0	$0	$120,400	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Chronically Homeless (CH) PERSONS: The slight rise in CH persons is due to the economic downturn. Our extremely rural area has been hard hit with high rates of unemployment and foreclosure. Also, improved training and enumerator involvement for Point-in-Time counts helped identify more CH persons, especially on or near reservation lands.

CH BEDS Special Note: The CoC achieved an overall INCREASE of 9 CH BEDS. While 25 CH beds were added in 2009 through a state-funded program, 16 CH beds from one facility were removed from the inventory this year. Although that facility houses chronic homeless clients, their beds are not technically designated as such. This program needs flexibility to best serve their target population.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	11
b. Number of participants who did not leave the project(s)	38
c. Number of participants who exited after staying 6 months or longer	6
d. Number of participants who did not exit after staying 6 months or longer	31
e. Number of participants who did not exit and were enrolled for less than 6 months	8
TOTAL PH (%)	76

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1
b. Number of participants who moved to PH	1
TOTAL TH (%)	100

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 47

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	12	26	%
SSDI	6	13	%
Social Security	0	0	%
General Public Assistance	3	6	%
TANF	10	21	%
SCHIP	3	6	%
Veterans Benefits	1	2	%
Employment Income	17	36	%
Unemployment Benefits	1	2	%
Veterans Health Care	1	2	%
Medicaid	21	45	%
Food Stamps	29	62	%
Other (Please specify below)	16	34	%
Medicare, MN Care (health insurance), Child Support, Displaced Worker, MN Supplemental Aid			
No Financial Resources	8	17	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

If 'Yes', describe the process and the frequency that it occurs.

The CoC coordinator receives all APRs and reviews them upon receipt (annually). The coordinator shares significant review findings with the Executive Committee. If identified as an issue, under-performance on mainstream program access is addressed with the project leader. NW MN CoC agencies are excellent at collaboration and sharing of best practices. Another agency would be called upon to offer guidance.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If "Yes", indicate all meeting dates in the past 12 months.

February 5, 2009
June 11, 2009
August 10, 2009
November 19, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Quarterly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Not applicable

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

June 24, 2009
May 5, 2009
June 27, 2007

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	100%
1a. Describe how service is generally provided:	
Agencies require staff to assist clients with completing mainstream benefit applications after the intake process. They also require that forms are promptly submitted.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	100%
3.a Indicate for which mainstream programs the form applies:	
General Assistance, Food Support, TANF, Medical Assistance, Emergency Assistance Programs, MSA, Minnesota Care (health care for those with low income)	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Agency policy requires staff to follow-up on mainstream benefits, and progress is closely monitored through client individual plans ("increasing income" goal). Case managers provide assistance with transportation to appointments, application completion, communication with county financial staff or state entities, release of information forms, and other assistance as needed to ensure that all appropriate mainstream benefits are received.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	No
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

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***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
PSH chronic	2009-11-23 11:17:...	2 Years	Center of Human E...	39,023	New Project	SHP	PH	P1
Home to Stay	2009-11-22 17:26:...	1 Year	Northwestern Ment...	47,400	Renewal Project	SHP	SSO	F
Conifer Avenue Tr...	2009-11-10 15:48:...	3 Years	Bi-County Communi...	98,561	New Project	SHP	TH	F3
Transitional Housing	2009-11-04 15:59:...	1 Year	Violence Interven...	21,249	Renewal Project	SHP	TH	F
HMIS Northwest	2009-10-21 16:31:...	1 Year	Amherst H. Wilder...	5,829	Renewal Project	SHP	HMIS	F
PSH Program	2009-11-17 11:01:...	2 Years	Inter-County Com...	87,115	New Project	SHP	PH	F2

Budget Summary

FPRN	$260,154
Permanent Housing Bonus	$39,023
SPC Renewal	$0
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NW MN 506 Certifi...	11/17/2009

Attachment Details

Document Description: NW MN 506 Certification of Consistency